

# Healthy Child Care



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## Child Care Providers Can Help Reduce Sudden Infant Death Syndrome

With 20 percent of Sudden Infant Death Syndrome (SIDS) cases occurring in child care, a national campaign was launched in 2003 to unite child care providers, health, and SIDS prevention partners across the country to reduce the number of SIDS-related deaths in these settings. The campaign is sponsored by Healthy Child Care America, the American Academy of Pediatrics, First Candle/SIDS Alliance, and the US Department of Health and Human Services. The campaign aims to promote the back to sleep message; raise awareness and change practices in child care settings; disseminate information on new national child care standards related to SIDS risk reduction; and to support states to establish or improve child care regulations.

Many of you have been aware of the high incidence of SIDS in child care. Since 1999 SIDS Resources has partnered with child care providers and child care advocates around Missouri to provide life-saving information; recommend child care standards and regulations related to SIDS risk reduction; and to change practices in

child care settings. As we approach October, SIDS Awareness Month, we are reminded of the importance of remaining vigilant in our outreach and education efforts.



Research has revealed that the risk of SIDS is higher for infants who are put to sleep on their backs at home, but who are put to sleep on their stomachs in child care. The same recommendations given to parents should be followed in the child care setting. Babies need to sleep on a firm, flat surface free of fluffy blankets, comforters, sheepskins, or pillows. Let baby sleep in a blanket sleeper instead of using blankets. This prevents babies' heads from being covered by blankets. Keep babies in smoke-free environments. Exposure to second-hand smoke doubles the risk for SIDS.

Finally, as child care providers, advocates and center directors, you are in a unique position to influence and educate parents and other providers, which will help save more lives.

*(continued on page 7)*

### Inside This Issue

BCC Update	2
Consumer Product Safety Commission	3
Feeding Infants: The First Twelve Months & CACFP Training Schedule	4-5
Uncooked Kidney Beans Not Safe	6
How to Get Children to Read and Read and Read	7
Reducing Infant and Toddler Fire Deaths	8
New Lead Testing Requirements	9
ACIP Encourages Flu Vaccines for Infants	10
Adults Influence What Children Eat	11
Upcoming Dates & Events	12



## Ask the Bureau

*This column is to address some of the frequently asked questions from child care providers, directors, and staff. If you would like to ask a question of the Bureau of Child Care to be considered for this column, please email Jo Anne Ralston at [ralstj@dhss.mo.gov](mailto:ralstj@dhss.mo.gov).*

### Update on the Child Care Licensing Rule Revision Process

The Bureau of Child Care continues the process to revise the rules for licensed and inspected child care facilities in Missouri. The licensing rules for child care homes, group child care homes and child care centers, in addition to rules for inspected facilities (those that are not required to be licensed but are required to be inspected for health and safety) are currently in legal review. The Bureau is also developing specific licensing rules for child care programs that provide child care programs that are licensed exclusively for school age children. The draft for school age rules are being finalized before their legal review.

After the legal review, the rules will be filed with the Office of the Secretary of State. A 30 day public comment period will begin shortly after this.

All licensed child care providers, and those with applications on file, will receive a letter in advance of the 30 day public comment period. The letter will give the dates of the

public comment period and instructions for making comments during this period. The proposed rules will be posted on the Bureau of Child Care website at [www.dhss.state.mo.us/AbouttheDepartment/BofCC.html](http://www.dhss.state.mo.us/AbouttheDepartment/BofCC.html), and the letter will instruct providers how to view and print the proposed rules. Individuals that do not have access to the web will be able to obtain a copy of the proposed rules by calling the bureau. A hard copy will be mailed to them.

In addition to alerting providers of the public comment period, the bureau will also inform other interested parties such as Educare, Project Reach, Resource and Referral

agencies, and others who have asked to be informed.

This publication provides topical information regarding young children who are cared for in child care settings. We encourage child care providers to make this publication available to parents of children in care or to provide them with the web address ([www.dhss.state.mo.us/HealthyChildCare/index.html](http://www.dhss.state.mo.us/HealthyChildCare/index.html)) so they can print their own copy.

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# Consumer Product Safety Commission

The U. S. Consumer Product Safety Commission (CPSC) is an independent federal regulatory agency that works to reduce the risk of injuries and deaths from consumer products. You can reach the CPSC through:

- ◆ The CPSC toll-free Hotline at (800) 638-2772 or (800) 638-8270 for the hearing and speech impaired.
- ◆ The CPSC web site address at <http://www.cpsc.gov>

## How to Obtain Recall Information

The U.S. CPSC issues approximately 300 product recalls, including

many products found in child care settings.

Many consumers do not know about the recalls and continue to use potentially unsafe products. As a result, used products may be loaned or given to a charity, relatives, or neighbors, or sold at garage sales or secondhand stores. You can help by not accepting, buying, lending, or selling recalled consumer products. You can contact the CPSC to find out whether

products have been recalled, and, if so, what you should do with them. If you have products that you wish to donate or sell and you have lost the original packaging, contact the CPSC for product information.

To receive CPSC's current recall information automatically by e-mail or fax or in a quarterly compilation of recalls sent by regular mail, call CPSC's Hotline and after the greeting, enter 140, then follow the instructions given.

Each issue of this newsletter will highlight a recalled product or a safety issue; however, it would be wise to check with the CPSC on a regular basis for more comprehensive information.



## CPSC, NHTSA, and Dorel Juvenile Group Inc. Announce Extended Recall of Infant Car Seats

In cooperation with the CPSC and the National Highway Traffic Safety Administration (NHTSA), Dorel Juvenile Group Inc., of Columbus, Ind., is again voluntarily recalling Cosco Arriva and Turnabout infant car seats/carriers to address a problem with the carry handle. On July 8, 1999, the two federal agencies and Cosco, now known as the Dorel Juvenile Group, announced the recall of 670,000 of these infant car seat/carriers made from March 1995 through September 1997. This recall adds 1.2 million of the same model infant car seats/carriers made through January 2000.

When the seat is used as a carrier, the plastic handle locks can unexpectedly break or release from the carrying position, causing the seat to unlatch or flip forward. When this happens, an infant can fall to the ground and suffer injuries.

The model number and manufacture date are located on the instruction and warning label on the side of the car seat/carrier. The recalled seats were manufactured on or before January 31, 2000. Juvenile product, mass merchandise, department stores and major discount stores nationwide sold the Arriva and Turnabout infant car seats/carriers from September 10, 1997 through December 2000 for between \$30 and \$60 when sold alone or \$90 to \$140 when sold with strollers. The recalled seats are no longer available for purchase.

Consumers should continue to use the Arriva and Turnabout as a car seat but should stop using it as a carrier immediately and contact Dorel Juvenile Group to receive a free repair kit. Consumers should call Dorel at (800) 880-9435 between 7 a.m. and 4:30 p.m. ET Monday through Friday, or by going to the firm's Web site at [www.djgusa.com](http://www.djgusa.com). Consumers with questions about the recall campaign can call the NHTSA's Auto Safety Hotline at (888) 327-4236. Consumers also can call the CPSC Hotline at (800) 638-2772 for more information.

# Feeding Infants: The First Twelve Months

Growth and development are more rapid during the first twelve months than at any other time. Infants generally double their weight in the first four to five months and triple their birth weight during the first year. A one-year-old is expected to increase birth length by 50%. Infants are totally dependent upon others to protect them from danger and to provide nutritious, safe food needed for this rapid growth and development. Helping infants receive food in an age-appropriate manner is an important role for parents and child care providers.

## ***The Feeding Relationship***

The feeding relationship refers to interactions that take place between the caregiver and child at feeding time. The interactions and communication that occur between a caregiver and the infant during feeding impact the infant's ability to progress in personal feeding skills and consume a nutritionally adequate diet. To foster a high-quality feeding relationship, the caregiver should be responsive and sensitive to an infant's feeding cues. Early feeding cues include sucking movements, sucking sounds, hands to mouth, soft cooing sounds, and fussiness. Crying is a late feeding cue!

The infant may be very hungry at this point.

## ***The Child And Adult Care Food Program Infant Meal Pattern***

USDA's Child and Adult Care Food Program (CACFP) has a vital role in improving the quality of child care and making it more affordable. Independent centers and sponsoring organizations receive cash reimbursement for serving meals following federal nutritional guidelines to enrolled children. The CACFP meal pattern for infants from birth to one year varies according to age and type of meal served. For more information about the Missouri infant meal pattern, refer to [www.dhss.state.mo.us/cacfp/resources\\_cacfp.htm#Downloads](http://www.dhss.state.mo.us/cacfp/resources_cacfp.htm#Downloads) and click on 'Food Chart – Infants'. This website also provides Missouri's three revised 'Individual Infant Meal Records'. CACFP 215 is for 0 – 3 months, CACFP 216 for 4 – 7 months, and CACFP 217 for 8 – 11 months.

Some child care centers caring for infants have chosen not to enroll the infants in CACFP. New federal regulations require that all centers participating in CACFP offer program meals to all eligible children in their facilities. This includes infants. Centers must offer at

least one iron fortified infant formula. Parents, however, may decline this formula and provide expressed breast milk or a different formula of their choice. Child care centers can be reimbursed for feeding the parent provided breast milk or iron fortified infant formula. The center must provide all other age-appropriate foods as indicated in the Infant Food Chart.

Within the CACFP infant meal pattern, there are options related to the frequency of feeding an infant. For the first four months, it is generally best to feed the infant on demand. Infants vary as to amount of formula or breast milk they will consume. Respond to infant cues. Until semi-solid foods are added, breast milk or formula should meet the water needs of the infant. A thirsty baby acts much like a hungry baby. If the baby appears hungry a short time after a feeding, water can be offered. In warmer climates, additional water may be needed.

## ***How To Feed***

Feeding should be a pleasant social time. Before feeding, talk and play with the infant. Hold the infant in a sitting position. Cuddle the infant and provide eye-to-eye contact. Do not hurry the

feeding process. Infants require at least twenty minutes per feeding. Stop two to three times during feeding to burp the baby.

### **From Breast Milk Or Formula To Solids**

The American Academy of Pediatrics recommends that breast milk or iron-fortified infant formula is the **ONLY** food fed to infants less than four to six months. Avoid serving regular cow's milk before one year. A pediatrician can advise the parent on the best time to start solids. Introducing semi-solids before an infant is developmentally and physiologically ready is inappropriate. There is no proof that early introduction of solids helps infants sleep better. Do not serve infant cereal from a baby bottle. Serving cereal in a bottle may hinder the infant's ability to learn to eat from a spoon and cause choking. Because bottle feeding is faster than spoon-feeding, infants may not have the "full" feeling until after they have eaten too much cereal. Providing too much cereal and not enough formula or breast milk leads to a lowered nutritional intake. Use juice sparingly due to its high sugar content.

### **Ready For Semi-Solid Foods: What Does This Mean?**

Around five to six months, the infant's digestive system can begin digesting complex

carbohydrates and proteins. At the same time, the iron stores from birth are gone. It is time to begin the introduction of semi-solid foods such as iron-enriched cereals and puréed fruits and vegetables. By eight months, the infant is able to handle infant meats.

Introduce semi-solid foods slowly by offering a few baby spoonfuls one or two times daily. Iron-fortified infant cereal usually comes first. Start with rice or barley cereals since they are less likely to cause allergies. Thin the cereal with formula, breast milk, or water. Follow cereals with vegetables, fruit, and then meat. Initially offer individual foods rather than mixtures so that any sources of allergies or sensitivities can be readily identified should they occur. It is best to offer a new food for three to five days before introducing another new food.

### **Involving the Infant in Self-Feeding**

Infants move toward self-feeding around six to seven months. Allowing infants to hold an infant spoon or a cup during feeding encourages eventual self-feeding. The infant mimics the caregiver's activities. Babies at this age use a **palmar grasp** allowing them to hold large items like a teething biscuit. Picking up small pieces of food is difficult, but allow the infant to try. Encourage the child to experience feeding with as many senses as possible. As

the sense of touch is heightened, much exploration occurs through the mouth. Encourage exploration and expect messiness.

Around eight months the infant has more manual dexterity. The child may use the **pincer grasp** to pick up smaller objects. The infant can participate in feeding. Parents and caregivers need to monitor the eating so the infant does not choke. Never leave a baby unattended with food. By nine to 12 months, more nutrient needs are being met through semi-solid food. Ideally the child is demonstrating beginning proficiency with both a cup and spoon. Limited self-feeding has begun and should be encouraged. If the texture is soft and the

*continued on page 6*

### **CACFP Training Schedule**

*Orientation training for the Child and Adult Care Food Program for child care centers\* is held in the five district offices located throughout the state on the following dates:*

*October 2, 2003  
November 6, 2003  
December 4, 2003*

*\*Shelter and after-school training held separately.*

continued from page 5

pieces are small, many table foods are now appropriate for the child. CACFP providers may modify foods from their regular child menu for these infants. Continue to watch for potential allergies.

**Palmar grasp:** Using the entire palm to pick up items; an early gross motor skill.

**Pincer grasp:** Using fingers to manipulate items; indicates readiness to handle finger foods.

### Food Safety And Infant Feeding

Infants are particularly sensitive to foodborne illness. Their immature digestive system cannot fight bacteria as well as adults. Common symptoms of foodborne illness – nausea, vomiting, and diarrhea – can be deadly for the infant. Remember the following food safety tips:

- Wash hands before preparing or feeding foods.
- Use clean utensils.
- Transfer baby food to a dish and discard leftovers.
- Refrigerate leftover food in the jar – label with the date and discard 2 days after opening.

- Check that the safety button in the lid of a baby food jar is down and “pops” when opened.
- Discard formula or breast milk left in a bottle after feeding.
- Avoid honey and corn syrup for the first year.

An excellent resource available to child care centers from the Missouri Department of Health and Senior Services, Bureau of Community Food and Nutrition Assistance is *Feeding Infants: A Guide for Use in the Child Nutrition Programs*. Call 1-800-733-6251 if you need a copy.

This article is adapted from *Mealtime Memo for Child Care National Food Service Management Institute*. The University of Mississippi.



Article provided by:  
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## Uncooked Kidney Beans Not Safe for Kids

Recently, observers in early education settings saw teachers using uncooked kidney beans in play tables and art projects. Raw kidney beans are toxic. According to the U.S. Food and Drug Administration, eating as few as 4-5 uncooked kidney beans can cause severe nausea, vomiting and diarrhea 1-3 hours after ingestion.

Uncooked kidney beans have an unusually high concentration of a chemical called phytohaemagglutinin that is destroyed when the beans are properly cooked by boiling. Apparently, cooking in a slow cooker may actually make the beans more dangerous because low temperature cooking increases the toxicity. Other beans contain this chemical, but in much smaller amounts.

Be sure to cook kidney beans by boiling (after you soak them.) Do not use them as toys or art objects for young children. In addition to their toxicity, raw beans are a small object hazard for young children. If the child puts a bean into a body opening, the bean may get stuck, swell and become very difficult to remove.

# How to Get Children to Read and Read and Read

*(continued from page 1)*

Here are some things you can do:

- Arrange to have SIDS Resources conduct a workshop for caregivers.
- Host a workshop for parents, or at a regular parent meeting include education about SIDS risk reduction.
- Distribute educational materials for parents and extended families.
- Establish policies and standards consistent with the SIDS risk reduction recommendations for your child care setting. Include policies for discussing sleep practices with all parents.
- Have regular “baby checks”. Identify one person in the center to conduct weekly checks during nap time to insure that all babies are on their backs and the sleep area is free of fluffy blankets, pillows and toys.

Why not launch these steps in commemoration of SIDS Awareness Month?

For more information about SIDS and how SIDS Resources can help you reduce SIDS, call Jeanne Zozobrado, Outreach and Training Director, at 1-800-421-3511.

What’s the best way to get children interested in reading? Read to the children! It’s that simple. Often when children begin learning to read, providers want the children to read to them “for practice” and the read-aloud time becomes a thing of the past.

Think about it: providers who love to watch baseball usually have children who love to watch baseball. Providers who love NASCAR usually have children who love NASCAR. Providers who love to cook usually have children who love to cook. They encourage the children to join in with them; they take them with them on outings. When the provider cheers a favorite sports team, the children are there cheering, too.

No child is ever too old to be read to! Reading books together is a wonderful way to have time together, share great literature, talk about what you’ve read, and expose the children to vocabulary he or she is too young to recognize in print.

Here are some suggestions to encourage children to read:

1. Make reading a part of your daily routine.
2. Read to the children every day.
3. Buy children books and magazines for presents.
4. Read to the children every day.
5. Have books and magazines all over the house/center.
6. Read to the children every day.
7. Let the children see you reading.
8. Read to the children every day.
9. Take the children to the public library regularly.
10. Read to the children every day.

Be the example and show the children that reading is important, useful, necessary, and FUN.

Suby Wallace  
Librarian/Media Specialist  
Derby Ridge Elementary School  
Columbia Public Schools Columbia, MO



# REDUCING INFANT AND TODDLER FIRE DEATHS

According to the U.S. Fire Administration, children younger than age five have twice the risk of dying in a home fire as the rest of the population. Specifically in Missouri, young children are nearly three times as likely to die in a residential fire than the rest of the state's population. From 1989 to 1998, there were 961 residential fire deaths in Missouri and of those deaths, 170 were children under the age of five.



- Keep a baby harness by the crib in case of emergencies. The harness, worn like a body brace, allows you to comfortably carry your baby and leave your hands free to escape the home.

## TIPS TO BE FIRE SAFE

### Matches/Lighters

- Store matches/lighters out of children's reach and sight.
- Teach toddlers to tell you when they find a match/lighter.
- Remember that even child-resistant lighters are not **childproof**.
- When a child is curious about fire or has been playing with fire, calmly and firmly explain that matches/lighters are tools for adults to use carefully.

### Smoke Alarms

- Install and maintain smoke alarms on every level of your home and outside sleeping areas.
- Test your smoke alarms monthly and replace the batteries at least once a year.

### Escape Routes

- When the children are ready, familiarize them with the sound of the smoke alarm. Teach them that when one goes off, they **must** leave the home and go outside to the designated meeting spot.

- Draw a basic diagram of your home, marking all windows and doors, and plan **two** routes out of each room.
- If you are escaping smoke, crawl low under the smoke. Touch doors to see if they are hot before opening. If so, use the alternative escape route.
- Designate a safe meeting point outdoors and teach your children **never** to go back inside the house.
- Practice the fire escape plan, show children how to cover their nose and mouth to reduce smoke inhalation.
- Keep exits clear of debris and toys.
- When you have babies and toddlers in care, these extra escape options are necessary:

- With older children in care, have them practice crawling, touching doors, or going to the window, according to your escape plan.

*Submitted by Randy Cole  
Division of Fire Safety  
Department of Public Safety*

## ***HeadsUp Missouri Brings a New Training Opportunity to Missouri***

*Winning Teams® is a distance learning course that instructs parents and teachers to team as partners in the care and education of children from birth to six. In the winter of 2004 three nine-hour series, *Nurturing the Young Learner*, *Guiding Behavior*, and *Learning to Read and Write* will be offered.*

Contact your local Child Care Resource and Referral Agency for dates, times, and locations of this training opportunity.



# New Lead Testing Requirements for Child Care Facilities

In 2001, Missouri legislators revised Senate Bill 266. This revision allowed the establishment of areas in the state where children are at high-risk for lead poisoning, and mandates child care facilities in those areas maintain an annual proof of blood lead testing for all children six (6) months to 72 months (6 years) of age enrolled in their facility. The regulations for implementation of the law were finalized July 30, 2003; a list of the high-risk areas must be published on or before October 30, 2003. Child care providers in high-risk areas will receive an informational packet that includes a map of high-risk areas, explanation of the responsibilities, and educational material ordering information.

Responsibilities of child care providers **in high-risk areas** include:

**1. Require evidence of testing upon enrollment for children six months to 72 months of age.** Within 30 days of enrolling a child, require the child's parent or guardian to provide

evidence that the child was tested for lead poisoning within the last 12 months and annually thereafter. This evidence should be in the form of a written statement from the health care professional who administered the test. If a parent or guardian refuses to have the child tested, a written statement that includes their reason for refusal of testing is required. A packet of information that includes a sample **"Evidence of Blood Lead Testing"** document to help fulfill this requirement will be sent to child care providers.

**2. Require updated evidence of testing at the beginning of each year of enrollment for children six months to 72 months of age.** The evidence of blood lead testing must be updated every year upon enrollment. The evidence of testing or refusal will not be considered valid if it is not dated within the previous 12 months.

**3. Provide assistance and resources.** If there is no evidence of testing, provide the parent or guardian with information about lead poisoning and locations in the

area where the child can be tested. Information and education about lead poisoning can be received from the Missouri Department of Health and Senior Services, your local public health agency, or the doctor's office.

If you have any questions, you may contact Susan Thomas at 573-526-4911 or your Child Care Facility Specialist.



## **Correction** Emergency Kit for Providers **Telephone Number**

The free kit is available by calling Knowledge Learning Corporation toll-free at 1-877-childhood **(1-877-244-5346)** or by downloading the document from [www.knowledgelearning.com](http://www.knowledgelearning.com).

# Adults Influence What Children Eat

Parents and child care providers are often referred to as the “gatekeepers,” deciding which foods to offer and when meals and snacks will be served. Adults may influence the eating habits of children in the child care setting in many different ways. Early studies have suggested that preschool children were more likely to eat foods if they saw an adult eat the foods. Developing healthy eating habits is of prime importance to preschoolers. Setting a routine of offering children three meals a day plus snacks may help motivate children to eat a variety of foods at each meal.

## **Child Care Provider Influence**

In recent years child care providers have assumed a role that was typically held by parents – deciding what foods are purchased, prepared, and served to children in their care. Due to this development, child care providers have an opportunity to encourage healthful eating behaviors by designing a “child-friendly” environment. To assist child care providers in making mealtime for children an experience to learn from and enjoy, USDA developed *Building Blocks for Fun and Healthy Meals*, a

*Menu Planner for the Child and Adult Care Food Program*. Chapter seven addresses the importance of building a child-centered program. Characteristics of a “child-friendly” environment include the following:

### **Meals and snacks offer special opportunities for:**

- Providing happy, relaxed experiences
- Helping children develop positive food attitudes
- Building children’s confidence
- Building children’s social skills
- Communicating with parents and others

### **To make the most of these opportunities, try to...**

- Achieve quality service. Make sure meals are both attractive and tasty.
- Encourage social interaction. Teach children the social aspects of dining as well as how to feed themselves.
- Make mealtime a happy time. Provide a transition or quiet time just before meals so that mealtime can be relaxed. Make sure the room is attractive and appealing for young children. Use bright colors and decorations that children like.

- Avoid making children feel rushed. Allow children to take their own time to eat. Having to eat in a hurry may spoil the pleasure of eating. Short meal times may also encourage poor eating habits. For example, children who are feeling pressured may choose to quickly consume their favorite foods and ignore other nutritious foods in the meal. They may learn to eat too rapidly, a habit that may lead to overeating and obesity.
- Make the most of your menus. Use your menus as a tool to communicate with parents. Send a copy of your menus home with the children. Include your phone number and let parents know they can approach you.
- Add excitement to your meals. Expand on activities and cultural events happening in the classroom. Plan activities and/or special meals around holidays or other special events such as the beginning of Spring, National Apple Week, and National Nutrition Month.

### **Applying what we’ve learned...**

Parents and child care providers are responsible for

*continued from page 10*

what kind of food is offered to children and the manner in which it is offered. Children decide if and how much of the offered food is eaten. Food preferences of the child should be considered when menus are being planned. The primary goal is to gain the respect of children being fed either at home or in a child care facility. Eating should be an enjoyable experience for children. The responsibility for providing the pleasant environment that will enhance this experience falls upon the parents, child care providers, and other adults.

This article is adapted from Mealtime Memo for Child Care National Food Service Management Institute, The University of Mississippi.

Article provided by:  
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## ACIP Encourages Flu Vaccine for Infants

The Advisory Committee on Immunization Practices (ACIP) encourages parents to get the flu shot for all children six to 23 months of age.

Influenza and its complications greatly affect the very young. The Centers for Disease Control and Prevention (CDC) report that the hospitalization rates for influenza and its complications for children under one year of age are comparable to that for persons over 65, the group traditionally perceived to be at greatest risk. In Missouri, children under age one have the highest rate of inpatient hospitalization for influenza compared to every other age group. For the years 1996-2000, they were hospitalized at double the rate of those age 65 and older.

Immunization for influenza may have other benefits for infants and toddlers. Some studies report that influenza vaccine decreases the incidence of influenza-associated otitis media among young children by approximately 30 percent.

The federal entitlement Vaccines for Children (VFC) program will fund flu vaccine for all VFC-eligible children six to 23 months of age

beginning in 2003, as well as other VFC-eligible children through 18 years of age who are their household contacts.

Children less than nine years old who are getting the influenza immunization for the first time should get two shots, one month apart.

The ACIP continues to recommend that children with chronic diseases, a suppressed immune system, diabetes, asthma, and those who are receiving long-term aspirin therapy should get the flu shot. Children in the households of people at high risk should also get the vaccine.

The ACIP is composed of representatives of the CDC, the American Academy of Pediatrics, and the American Academy of Family Physicians. It is the federal body that recommends which immunizations should be given, to what groups they should be given, and how and on what schedule they should be administered.

For more information, contact Sue Denny, Section for Communicable Disease Prevention, 573-751-6439.

# Upcoming Dates & Events

## October

Sudden Infant Death Syndrome Awareness Month  
[www.sidsalliance.org](http://www.sidsalliance.org)

National Campaign for Healthier Babies Month

Family Health Month

OCT 5-11  
National Fire Prevention Week  
[www.nfpa.org](http://www.nfpa.org)  
Mental Illness Awareness Week

OCT 12-18  
Health Education Week  
School Lunch Week

OCT 19-25  
National Childhood Lead Poisoning Prevention Week

## November

Child Safety and Prevention Month  
National PTA

National Epilepsy Month  
[www.epilepsyfoundation.org](http://www.epilepsyfoundation.org) or 800-332-1000

American Diabetes Month  
[www.diabetes.org](http://www.diabetes.org) or 800-DIABETES

NOV 15-21  
National Children's Book Week  
[www.cbcbooks.org](http://www.cbcbooks.org)

NOV 18-24  
National Family Week

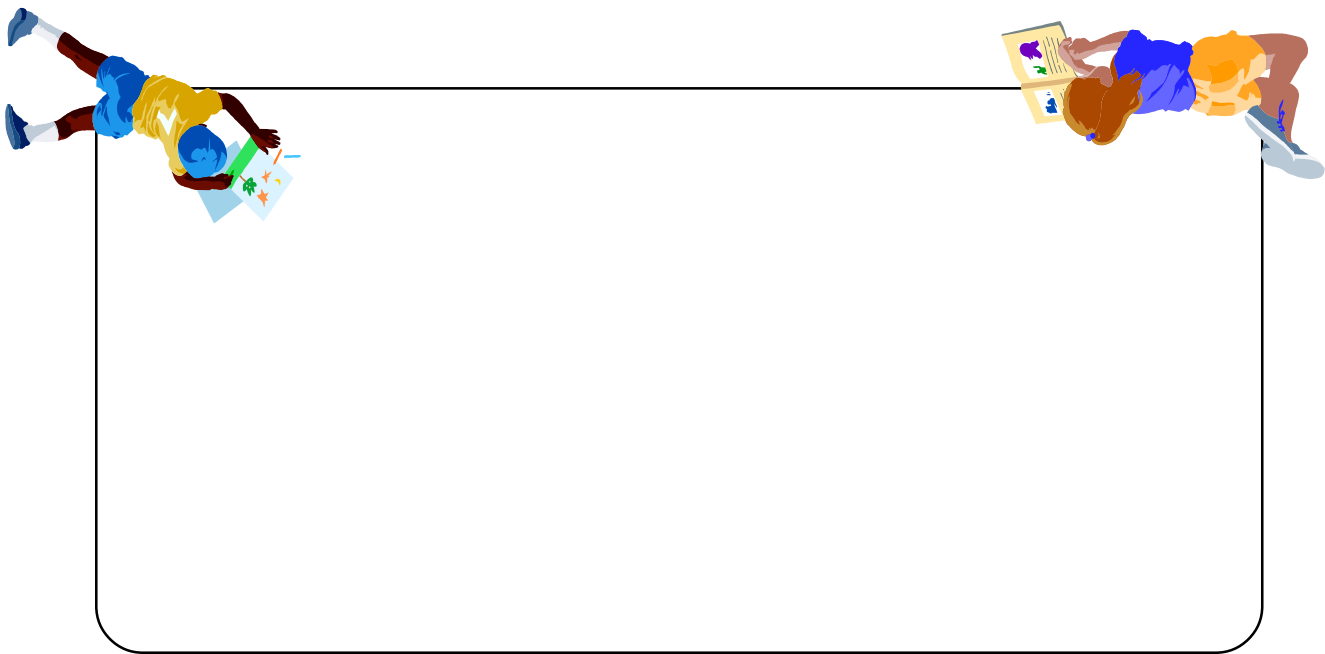
NOV 20  
Great American Smokeout  
[www.cancer.org](http://www.cancer.org) or 800-ACS-2345

## December

Safe Toys & Gifts Month  
[www.preventblindness.org](http://www.preventblindness.org) or 800-331-2020

DEC 7-13  
National Hand Washing Awareness Week

Alternate forms of this publication for persons with disabilities may be obtained by contacting the Missouri Department of Health and Senior Services, Bureau of Child Care, P.O. Box 570, Jefferson City, MO., 65102, 573-751-2450. EEO/AAP services provided on a nondiscriminatory basis.



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